



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF THE CHIEF FINANCIAL OFFICER

December 3, 2009

Dear Recipient:

We have enclosed a SF 1199A, Direct Deposit Form, as requested. To facilitate the processing of your Direct Deposit Request, **the Department** requires a completed form and a cover letter written on the requesting payee's stationary letterhead, requesting we process the information as presented. If you use a Servicer to draw funds on your behalf, you must inform the Department on your letterhead that a Servicer will be requesting your funds. The completed Direct Deposit Form should include the following information:

- DUNS number (Block "C")
- Recipient name and address
- Contact person, phone number and signature
- Certifying bank information and signature of bank official (include the depositor account title in section 3)

The cover letter (on **official** letterhead) should contain the following information:

- DUNS number
- E-mail address (if available) for the person to receive automated notification
- Original signature and phone number of the person requesting the bank information change.

Mail both the cover letter and Direct Deposit Form to:

U.S. Department of Education
Financial Management Operations
550 12th Street, S.W., Room 6087
Washington, D.C. 20202-4328

If you have any questions regarding these instructions, please contact Sylvester Osineme at (202) 245-8081.

Sincerely,

A handwritten signature in black ink that reads "Gary H. Wood".

Gary H. Wood
Director
Financial Management Operations

400 MARYLAND AVE., S.W., WASHINGTON, DC 20202
www.ed.gov

The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering education excellence and ensuring equal access.



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Guidelines for completing Form SF1199A

Section 1 – To be Completed by Payee

ITEM A Name of payee	Enter the name and address of the payee's organization and also telephone number of person certifying the SF1199A
ITEM B Name of Person(s) Entitled to Payment	Enter the name of the person certifying the SF1199A.
ITEM C Claim or Payroll ID Number	Enter the following information <ul style="list-style-type: none">• Prefix: 9 digits D-U-N-S Number.• Suffix: 11 characters Grant Award Number (if no grant award number is available, CFDA can be used. e.g. P268K for Direct Loan)
ITEM D Type of Depositor	Place an "X" in the Appropriate box.
ITEM E Depositor Account	Enter the payee's account number at the financial institution in which funds are to be deposited. Include blanks or dashes when entering the account number.
ITEM F Type of Payment	Enter "X" in the "Other" box.
ITEM G Box for Allotment of Payment Only	Leave Blank

Section 2 – To be Completed by Payee or Financial Institution

Government Agency Name	Enter: Department of Education Financial Management Operations
Government Agency Address	Enter: 550 12th Street, SW Room 6087 Washington, D.C. 20202

Section 3 – To be Completed by Financial Institution

Your financial institution will enter the name and address, routing number, depositor account title and complete the certification section of the form.

SAMPLE

- SECTION 1 (TO BE COMPLETED BY PAYEE)**

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)**SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)**

NAME AND ADDRESS OF FINANCIAL INSTITUTION Bank of America 200 Michigan Avenue Southfield, MI 48211		ROUTING NUMBER 2 4 6 8 9 2 0 2 1		CHECK DIGIT 1
DEPOSITOR ACCOUNT TITLE				
<p align="center">FINANCIAL INSTITUTION CERTIFICATION</p> <p>I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.</p>				
PRINT OR TYPE REPRESENTATIVE'S NAME Peter Hines	SIGNATURE OF REPRESENTATIVE [Sign Here]		TELEPHONE NUMBER 313-850-9800	DATE 12/4/2009

DIRECTIONS

Reset